

Facility Name: _____
Program Name: _____

Initials: _____
Birth Date: _____
Gender: ☐ Male ☐ Female

Select only one option for each question below unless otherwise noted.

<p>Ethnicity</p> <p><input type="radio"/> Hispanic/Latino</p> <p><input type="radio"/> Non-Hispanic/Non-Latino</p> <p>Race (Select all that apply)</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Black or African- American</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p>	<p>Residence Prior to Entry in Shelter Program</p> <p><input type="radio"/> Emergency Shelter</p> <p><input type="radio"/> Transitional Housing</p> <p><input type="radio"/> Place not meant for human habitation (car, etc.)</p> <p><input type="radio"/> Psychiatric hospital or facility</p> <p><input type="radio"/> Substance abuse treatment facility/detox ctr.</p> <p><input type="radio"/> Hospital (non-psychiatric)</p> <p><input type="radio"/> Jail/prison/juvenile detention center</p> <p><input type="radio"/> Permanent housing for formerly homeless</p> <p><input type="radio"/> Apartment/House - Own</p> <p><input type="radio"/> Apartment/Room/House - Rent</p> <p><input type="radio"/> Staying in a family member's room/ap't/home</p> <p><input type="radio"/> Staying/renting with a friend</p> <p><input type="radio"/> Motel/motel with out emergency shelter voucher</p> <p><input type="radio"/> Foster care, religious, group home</p> <p><input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> Refused</p>	<p>How Long Have You Been Homeless?</p> <p><input type="radio"/> 0-30 days</p> <p><input type="radio"/> 31-60 days</p> <p><input type="radio"/> 61-90 days</p> <p><input type="radio"/> 91-180 days</p> <p><input type="radio"/> 181-365 days</p> <p><input type="radio"/> 366-730 days</p> <p><input type="radio"/> 731-1095 days</p> <p><input type="radio"/> Unknown</p> <p>How Many Times Have You Been Homeless in the Past 3 Years?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</p> <p><input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8</p> <p><input type="radio"/> 9 <input type="radio"/> 10 or more</p>
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DESCRIBE YOUR FAMILY

Include yourself and only family members staying with you.

- ☐ Individual Male
- ☐ Individual Female
- ☐ Individual Male - Youth (<18)
- ☐ Individual Female - Youth (<18)
- ☐ Single Parent Family - Male Head
- ☐ Single Parent Family - Female Head
- ☐ Single Parent Family - Youth Head
- ☐ Two Parent Family - Adult
- ☐ Two Parent Family - Youth
- ☐ Adult Couple without Children

Number of Children: _____

(Include only children currently staying with you)

Number of Adults in Family: _____

(Include yourself and adult family members staying with you)

Children's Details below - only report children currently staying with you

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6
Gender	Gender	Gender	Gender	Gender	Gender
<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male
<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female
Age	Age	Age	Age	Age	Age
<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1
<input type="radio"/> 1 - 5	<input type="radio"/> 1 - 5	<input type="radio"/> 1 - 5	<input type="radio"/> 1 - 5	<input type="radio"/> 1 - 5	<input type="radio"/> 1 - 5
<input type="radio"/> 6- 12	<input type="radio"/> 6- 12	<input type="radio"/> 6- 12	<input type="radio"/> 6- 12	<input type="radio"/> 6- 12	<input type="radio"/> 6- 12
<input type="radio"/> 13- 17	<input type="radio"/> 13- 17	<input type="radio"/> 13- 17	<input type="radio"/> 13- 17	<input type="radio"/> 13- 17	<input type="radio"/> 13- 17

Have you ever been diagnosed with or told that you have any of the following disabilities? (Select all that apply)

- ☐ Physical Disability
- ☐ Developmental Disability
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Mental Health
- ☐ Drug Abuse
- ☐ Alcohol Abuse
- ☐ None

Is the disability long term OR does it prevent you from being able to live independently? (Disabling Condition)

- ☐ Yes
- ☐ No

Are you a veteran?

- ☐ No
- ☐ Yes
- ☐ Don't Know
- ☐ Refused

Are you a domestic violence victim/survivor?

- ☐ No
- ☐ Yes

Definition of Homeless:

An **unsheltered** homeless person resides in a place not meant for human habitation: such as cars, parks, sidewalks, abandoned buildings, streets, parks, etc.

A **sheltered** homeless person resides in:

- Emergency shelters. Includes temporary emergency weather shelters and domestic violence shelters.
- Transitional housing (for homeless persons who originally came from the streets or emergency shelters).
- Residential programs for runaway/homeless youth (not foster care or government funded youth programs)
- Hotel, motel, or apartment voucher arrangements paid by a public/private agency because the person or family is homeless.